



H1N1 Provider Briefing

Date: November 3, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on H1N1 in Rhode Island

Local Influenza Activity Level: Widespread¹; H1N1 predominant circulating strain

Rhode Island²: 53 hospitalized cases, 1 death

Sentinel Surveillance (% of visits due to influenza-like illness)³: Rhode Island: 5.4%, New England Region: 4.4%, Nation: 8.0%

H1N1 vaccine distribution update

HEALTH began shipping two presentations of injectable H1N1 vaccine to the offices of pediatricians and family physicians last Friday. Providers should begin receiving these vaccine shipments by the middle of this week.

- **Prefilled syringes:** The vaccine in the 0.25 mL prefilled syringes that providers are receiving can only be administered to children from 6 months through 2 years of age. HEALTH is issuing this directive because of vaccine scarcity. We will change these guidelines as vaccine supply allows.
- **Multidose vials:** The vaccine in multidose vial form should be restricted at this time to children from 2 through 5 years of age with underlying medical conditions that preclude them from receiving the intranasal vaccine*. The only other children who can receive H1N1 vaccine from these multidose vials at this time are kindergartners who attend private kindergartens, kindergartners in pre-school settings or 6-year-olds who are still in pre-school. However, if a child has not been diagnosed with an underlying medical condition, he or she should receive the intranasal vaccine. Pediatricians and family physicians began receiving the vaccine in intranasal form in mid October.

HEALTH will continue to make vaccine delivery updates in its biweekly Provider Briefings. Vaccine distribution data should be entered weekly as part of provider offices' reports to HEALTH.

*Please reference the package insert for a list of contraindications to the intranasal H1N1 vaccine:

<http://www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM182406.pdf>.

Remind patients to fill Tamiflu prescriptions as soon as possible

Patients indicated for treatment with antiviral medications should begin treatment as soon as possible. The benefits of antiviral medications are greatest when they are started within the first two days of illness. Unfortunately, Rhode Island prescribing data shows that 15% of Tamiflu prescriptions are being filled five days after the prescriptions are written. Providers should remind patients to fill their prescriptions as soon as possible in order to reduce the severity and duration of illness. To review the CDC's recommendations on antiviral medications, see <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Seasonal and H1N1 nasal-spray flu vaccines should not be administered at the same time

Providers are reminded that the live attenuated intranasal H1N1 flu vaccine **should not** be administered at the same time as the live attenuated intranasal seasonal flu vaccine. These vaccines should be administered at least 28 days apart. HEALTH recommends that providers who have already simultaneously administered

¹ Rhode Island reported Widespread activity for the week of October 18 to October 24, 2009. Influenza is circulating in all 5 regions of the state. For details see <http://www.health.ri.gov/flu/about/surveillance/>.

² Influenza-associated hospitalizations and deaths since September 1, 2009

³ Influenza-like illness activity reported by 26 sentinel surveillance sites from October 18 to October 24, 2009

seasonal and H1N1 nasal-spray flu vaccines to a patient administer an additional dose of the H1N1 flu vaccine to this patient 28 days later. Some patients have received neither the seasonal nor the H1N1 flu vaccine. For these patients, providers should prioritize the administration of the H1N1 nasal-spray flu vaccine, as H1N1 is currently the predominant circulating strain of influenza.

School-based H1N1 vaccination clinic reminders

HEALTH has scheduled school-based H1N1 vaccination clinics to occur over a 28-school day period starting this week. The school clinic schedule was developed using a randomized, computer-generated process. Given the amount of vaccine that Rhode Island will receive each week, this schedule allows HEALTH to vaccinate as many students as possible in the shortest period of time, including children with underlying conditions such as asthma or diabetes. HEALTH appreciates providers' assistance in upholding guidelines regarding the school-based vaccination program and communicating this information to parents.

- **Children will only be vaccinated in their own schools.** Children cannot be vaccinated in their siblings' schools or in other schools if they do not also attend these schools. Children who are unable to attend the school-based clinics on the day of their scheduled clinics will not be vaccinated in the school-based vaccination program. These children will have to wait to receive the vaccine when it becomes available in their providers' offices. Children whose parents choose not to have their child vaccinated at the designated school clinic will not be eligible to receive vaccine at the pediatric/family practitioner's office until all school clinics have been completed.
- **Providers should not write notes for children indicating that they can be vaccinated at other schools.** Children will not be vaccinated at school clinics other than those being held at their designated schools.
- **Consent forms are mandatory.** Please remind parents to sign and date vaccine consent forms and return them to their children's schools, not to HEALTH. Consent forms, Vaccine Information Statements, and an accompanying letter sent home to parents of school-aged children are available on HEALTH's website in English, Spanish, and Portuguese at <http://www.health.ri.gov/flu/about/schoolh1n1clinics/index.php>. Parents can also view the school clinic schedule and a set of frequently asked questions about the school-based vaccination program from this page.
- **Kindergartners in private or independent programs will be vaccinated in their providers' offices.** Because vaccine will not be available in private or independent kindergartens in preschool and/or daycare settings, kindergartners attending these schools should receive the H1N1 vaccine from their pediatricians or family physicians. Kindergartners in public, private, and parochial elementary schools will have the opportunity to be vaccinated through the school-based vaccination program. A list of scheduled H1N1 school-based vaccination clinics is available at <http://www.health.ri.gov/flu/about/schoolh1n1clinics/index.php>.

Additional guidance for pediatric and family practice providers answering questions from parents and caregivers about H1N1 vaccination is available at

<http://www.health.ri.gov/news/H1N1Advisories/GuidanceForPediatricAndFamilyPracticeProvidersAnsweringParentsQuestionsAboutH1N1VaccinationForChildren.pdf>

H1N1 vaccine safety

The H1N1 vaccine is just as safe as the seasonal flu vaccine. It has been manufactured, tested, and licensed using the same process and facilities used for seasonal flu vaccines. Vaccination is the best way to prevent illness from H1N1 and to prevent spreading the virus to people at high risk of flu-related complications. To read more about H1N1 vaccine safety, see:

- <http://www.health.ri.gov/news/H1N1Advisories/H1N1FluVaccineSafety.pdf> (HEALTH)
- http://www.cdc.gov/h1n1flu/vaccination/vaccine_safety_qa.htm (CDC)
- <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm181950.htm> (FDA)

Resources

- HEALTH at <http://www.health.ri.gov>;

- Archived partner briefings and regular news updates: <http://www.health.ri.gov/news/flu/>
- H1N1 Information Line (M-F 8:30am- 4:30pm) 401-222-8022
- H1N1 email address h1n1@health.ri.gov
- <http://www.flu.gov>